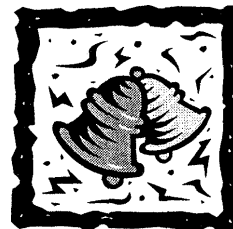


CONFIDENTIAL MARRIAGE APPLICATION

PLEASE PRINT OR WRITE LEGIBLY



Qualifications to obtain this type of license:

1. Need to be at least **18** years of age.
2. Applicants must have lived together as husband and wife.
3. Must be getting married in the same county that issued the license.

All these qualifications must be met to purchase this type of license.

ARE YOU GETTING MARRIED IN PLACER COUNTY? Yes ____ No ____

Once the license is issued the ceremony must be performed within ninety (90) days after issuance.

HUSBAND PERSONAL DATA	1A. NAME OF HUSBAND-FIRST(GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH-MONTH, DAY YEAR
	3. STATE OF BIRTH	4. NUMBER OF PREVIOUS MARRIAGES	5A. LAST MARRIAGE ENDED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT		5B. DATE
	6A. USUAL OCCUPATION		6B. USUAL KIND OF BUSINESS OR INDUSTRY		7. EDUCATION—YEARS COMPLETED
	8A. FULL NAME OF FATHER		8B. STATE OF BIRTH	9A. FULL MAIDEN NAME OF MOTHER	9B. STATE OF BIRTH

Do you need to re-register to vote because of address change due to this marriage? Yes ____ No ____

Would you like to be given a voter registration form here today? Yes ____ No ____

WIFE PERSONAL DATA	10A. NAME OF WIFE-FIRST (GIVEN)		10B. MIDDLE	10C. CURRENT LAST (FAMILY)	10D. MAIDEN LAST (FAMILY) IF DIFFERENT THAN 10C
	11. DATE OF BIRTH * (MONTH, DAY, YEAR)	12. STATE OF BIRTH	13. NUMBER OF PREVIOUS MARRIAGES	14A. LAST MARRIAGE ENDED BY <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT	14B. DATE—MONTH, DAY, YEAR
	15A. USUAL OCCUPATION		15B. USUAL KIND OF BUSINESS OR INDUSTRY		16. EDUCATION—YEARS COMPLETED
	17A. FULL NAME OF FATHER		17B. STATE OF BIRTH	18A. FULL MAIDEN NAME OF MOTHER	18B. STATE OF BIRTH

Do you need to re-register to vote because of address change due to this marriage? Yes ____ No ____

Could you like to be given a voter registration form here today? Yes ____ No ____

RESIDENCE OF HUSBAND AND WIFE	19A. RESIDENCE—STREET AND NUMBER		19B. CITY	19C. ZIP CODE	19D. COUNTY (OUTSIDE CALIF, ENTER STATE)
	20A. MAILING ADDRESS (IF DIFFERENT)		20B. CITY	20C. ZIP CODE	20D. COUNTY (OUTSIDE CALIF, ENTER STATE)
AFFIDAVIT					
	21. SIGNATURE OF HUSBAND ▶			22. SIGNATURE OF WIFE ▶	

COUPLE'S HOME PHONE: _____

Date: _____

Husband's Work Phone: _____

Wife's Work Phone: _____